Substitute for form 1449/PTO (Revised 07/2005)		Complete if Known			
		Application Number	10/657,550		
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				First Named Inventor	Chaudry
			_	Group Art Unit	1616
			)	Examiner Name	James Henry Alstrum Acevedo
Sheet	1	of	1	Attorney Docket Number	048765/277062

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Examiner Initials*	Cite No.	Document Number  Number - Kind Code (if known)	Publication Date MM-DD-YYYY		Name of Patentee or Applicant of Cited Document			Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear		
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Examiner	Date	
Signature	Considered	

<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.